AMF	ENDMENT TRA	AI	NSMITTAL L	E]	TER (L	arge Enti	ity)	
Commissioner for I								
P.O. Box 1450								
Alexandria, Virgini	a 22313-1450							
Applicant(s)	Vincent Jemelin			Application No.		10/575,981		
Filing Date	April 17, 2006			Confirmation No.		8604		
Examiner	Walter Aughenbaugh			Art Unit		1782		
	CYCLIC OLEFIN COPOLYMER EXTERNAL CAPSULE FOR PRESERVING							
Title	MEDICAL DEVICE							
Docket	19724				ıstomer Nu			
Transmitted herewi	Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below								
The fee that even emerical and at a material at a feet and a feet								
	Filed		Highest # Previously Paid For		# Extra	Rate	Additional Fee	
TOTAL CLAIMS	5	-	20	=	0	\$52.00	\$0.00	
TOTAL INDEP.	2	_	4	=	0	\$220.00	\$0.00	
CLAIMS  Multiple Depende		L bla	\ \\(\C200 00\)	<u> </u>	<u> </u>		\$0.00	
Multiple Dependent Claims (if applicable) (\$390.00)						ENDMENT	\$0.00	
	Method of Payment  Check							
Deposit Account # 191013  For the above-identified deposit, account the Director is hereby authorized to: (check all that apply)								
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